

INSTALLATION STATUS REPORT (ISR)

WASTEWATER COLLECTION

**PROPONENT: ASST CHIEF OF STAFF INST MGMT, UTILITIES BRANCH, DAIM-FDF-U
(703) 428-7001/DSN 328-7001**

**REVISION DATE: 30 SEPTEMBER 2002
*FOR USE WITH THE 2003 ISR DATA COLLECTION***

INCLUDES THE FOLLOWING FCG(s):

- **F83200 - WASTEWATER/WASTE COLLECTION LINES (LF)***

STANDARDS BOOKLET

BOOKLET 63

* FCG Unit of Measure. Refer to *Implementing Instructions*, Appendix G, for definition.

ISR FACILITY INSPECTION INSTRUCTIONS

1. Select the appropriate inspection worksheet and rating standards booklet to evaluate your facility (the appropriate booklet number is identified in the upper right corner of the worksheet). Only use worksheets that have been produced by the current ISR1 software, i.e., barcodes and correct installation and facility information are printed at the top of the page. In particular, verify that the building number on the worksheet matches that of the facility you are inspecting, and the Facility Category Group (FCG) description on the worksheet matches the space you will be rating in the facility (some facilities consist of space from several FCGs, each of which will require a separate worksheet and associated rating booklet).
2. At the top of the inspection worksheet, enter Inspector name and phone number, and the date completed.
3. Rate each component on the inspection worksheet by selecting the color rating that BEST FITS the component being evaluated. First look at the picture in the standards booklet, then at the rating elements under each color to determine which color best describes the overall condition of the component being rated. Then place an "X" in the appropriate box on the inspection worksheet. If an inspection component is not in the facility and it is not needed, place an "X" in the "N/A" box for that component. If an inspection component is not in the facility and it is needed, rate that component as RED.
4. RED ratings require comment. For every component that is rated RED, write a brief explanation in the space provided on the inspection worksheet. For each RED rating, consider submitting a work order to correct the deficiency.
5. Sum the number of "X"s in each column and record each total on the line designated at the bottom of the column.
6. Identify the Overall Quality Rating. The Overall Quality Rating is the color that received the most ratings among the inspected components. This was calculated in Step 5 above. If there is a tie for the most color ratings, then the lower color rating prevails and is the Overall Quality Rating for the facility. Circle the appropriate Overall Color Rating choice in the upper right hand corner of the worksheet.
7. Optional: write a brief comment concerning any facility location issues, such as location of the facility on the installation, proximity to related facilities, and appropriate vehicle access. Continue on the reverse of the inspection worksheet if needed.
8. Optional: write a brief comment concerning any environmental, health, safety, and historic preservation issues. Continue on the reverse of the inspection worksheet if needed.
9. Have the unit commander or activity director review and sign the inspection worksheet, and add any desired comment.

INSTALLATION SUPPORT WORKSHEET
(No Booklet to match this worksheet)
WASTEWATER COLLECTION

Overall Quality Rating
(Circle One):

Green Amber Red

Facility Number:
Facility User UIC:
Facility Category Group:
Unit of Measure:

Installation
Number:

Inspector:

Date Completed:

Phone #:

FACILITY CONDITION ASSESSMENT

Inspection Component	Condition of Each Component Place an "X" in the box that applies to each component.			
	GREEN	AMBER	RED	N/A
1. Age since system (or age since most recent major renovation/overhaul) ***	<input type="checkbox"/> < 15 years	<input type="checkbox"/> 15-30 years	<input type="checkbox"/> > 30 years	<input type="checkbox"/>
2. Current Design Standards or local utility standards	<input type="checkbox"/> Meets standards	<input type="checkbox"/> Minor deficiencies	<input type="checkbox"/> Major deficiencies	<input type="checkbox"/>
3. System Maps	<input type="checkbox"/> Current	<input type="checkbox"/> 1-5 years behind	<input type="checkbox"/> > 5 year behind	<input type="checkbox"/>
4. Safety All applicable standards such as OSHA, Army, EPA, State, etc.	<input type="checkbox"/> Meets standards	<input type="checkbox"/> Minor deficiencies	<input type="checkbox"/> Does not meet standards	<input type="checkbox"/>
5. Environmental Compliance	<input type="checkbox"/> No NOV's	<input type="checkbox"/> Minor noncompliance	<input type="checkbox"/> NOV's	<input type="checkbox"/>
6. System Reliability - Breakdowns/Repair Frequency Major Break: Breaks in Mains Minor Break: Breaks in Laterals	<input type="checkbox"/> 1 major break/yr and/or <5 minor breaks/yr	<input type="checkbox"/> 2 major/yr and/or 5-10 minor breaks/yr	<input type="checkbox"/> >2 major and/or >10 minor breaks/yr	<input type="checkbox"/>
7. Scheduled Maintenance	<input type="checkbox"/> 100% Performed	<input type="checkbox"/> 99-75% Performed	<input type="checkbox"/> < 75% Performed	<input type="checkbox"/>
8. Annual O&M Plan	<input type="checkbox"/> Detailed and complete	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Not available	<input type="checkbox"/>
9. Infiltration/Inflow Rate	<input type="checkbox"/> < 5%	<input type="checkbox"/> 5% - 20%	<input type="checkbox"/> > 20%	<input type="checkbox"/>
10. Pumping Station	<input type="checkbox"/> < 2 major failures in past 5 years	<input type="checkbox"/> 3-5 major failures in past 5 years	<input type="checkbox"/> > 5 major failures in past 5 years	<input type="checkbox"/>

(CONTINUED ON NEXT PAGE)

WASTEWATER COLLECTION CONT

11. Sanitary-Storm Sewer Overflow	[]	[]	[]
	No combined sewers	No Amber Condition	Sanitary- storm sewers combined

Overall Quality Rating: [] [] []
Mark the color with the greatest number of "X"s. If two or more colors have equal number of "X"s, choose the worst color rating.

*** Indicates Priority Component
(For Local Installation Reference Only)

Red Rating Explanation: _____

Location Comment: _____

Environmental, Health, Safety, & Preservation (EHSP) Comment: _____

COMMANDER/DIRECTOR SIGNATURE _____